

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38221

1. PLACE OF DEATH

County Linn

Township

City Marceline (No. _____)

Registration District No. 502

Primary Registration District No. 4305

File No. _____

Registered No. 50

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth? yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

7 Roscoe Forrester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 11 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

41

3

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Ratholville Mo

FATHER

13. NAME

Thomas Reid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Ratholville Mo

MOTHER

15. MAIDEN NAME

Della Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Ratholville Mo

17. INFORMANT (ADDRESS)

Roscoe Forrester Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

mt. Olive

DATE

Nov 24 1931

19. UNDERTAKER (ADDRESS)

Jas. M. Dougherty Marceline Mo

20. FILED

1673 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 22 1931

I HEREBY CERTIFY, That I attended deceased from

Jan 1 1931 to Nov 15 1931

last saw her alive on Nov 15 1931 Death is said

to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

53E

93B Myocarditis

Date of onset

Other contributory causes of importance:

intracranial glioma

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

V. J. Patnick

M. D.

(Address)

Marceline Mo

tata

4

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

File No. _____

Registered No. 56

Registered No. 56

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred	yrs.	mos.	ds.	How long in U. S., if of foreign birth?	yrs.	mos.	ds.
--	------	------	-----	---	------	------	-----

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 . 195

22. I HEREBY CERTIFY. That I attended deceased from

19... to... 19.

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset:

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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Z O	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at
this occupation (month and
year).....

11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT..
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

**19. UNDERTAKER
(ADDRESS)**

20. FILED 11/11/19 32 Ula Intima

Other contributory causes of importance

▶ Intracranial glioma

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed)..... M. D.

(Address) _____

Registrar

S-38221